

CROMPTON | SEAGER | TUFTE | LLC

Parent, Trademark & Copyright Attorneys

1221 Nicollet Avenue, Suite 800
Minneapolis, Minnesota 55403-2420
Phone 612.677.9050
Fax 612.359.9349

**RECEIVED
CENTRAL FAX CENTER**

APR 27 2004

OFFICIAL**FAX TRANSMISSION**

DATE: April 27, 2004

TO: Commissioner for Patents
Attn: Examiner M. DeSanto
P.O. Box 1450
Alexandria, VA 22313-1450

FROM: David M. Crompton

OUR REF: 1001.1471101
TELEPHONE: 612-677-9050

Total pages, including cover letter:

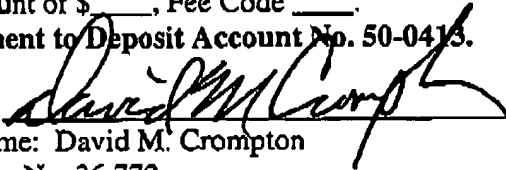
PTO FAX NUMBER: 703-872-9306

If you do NOT receive all of the pages, please telephone us at (612) 677-9050, or fax us at (612) 359-9349.

Title of Document(s) Transmitted: Transmittal Letter, Petition Under 37 CFR § 1.181 to
Withdraw Finality of Office Action, and Amendment
with 1 page of attachment

Applicant: Ting Tine Ye et al.
Serial No.: 09/839,065
Filed: April 20, 2001
Group Art Unit: 3763
Our Ref. No.: 1001.1471101
Confirmation No.: 2367
Customer No.: 28075

Please charge Deposit Account No. 50-0413 in the amount of \$____, Fee Code ____.
Please charge any additional fees or credit overpayment to Deposit Account No. 50-0413.

By: 
Name: David M. Crompton
Reg. No. 36,772

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.


Name: Kathleen L. Boekley

April 27, 2004
Date

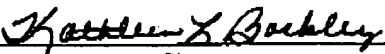
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ting Tina Ye et al. Confirmation No.: 2367
 Serial No.: 09/839,065 Examiner: M. DeSanto
 Filing Date: April 20, 2001 Group Art Unit: 3763
 Docket No.: 1001.1471101 Customer No.: 28075
 For: MICROCATHETER WITH IMPROVED DISTAL TIP AND TRANSITIONS

TRANSMITTAL SHEET

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

CERTIFICATE OF FACSIMILE TRANSMISSION UNDER 37 C.F.R. §1.8 (1(i)(B)) I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office at 703-872-9306 on the date shown below. <div style="text-align: center;"> <u>Kathleen L. Bockley</u> Type or print name of person signing certification </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">  Signature </div> <div style="text-align: center;"> <u>April 27, 2004</u> Date </div> </div>	
---	--

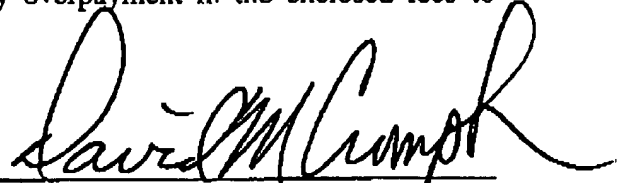
We are transmitting herewith the attached:

[XX] Amendment After Final
 [XX] No additional claim fee required
 [] The claim fee has been calculated as shown:

CLAIMS AS AMENDED							
	(3)	(4)	(5)	SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE
TOTAL CLAIMS	-	=		X 9=	\$	X 18=	\$
INDEPENDENT CLAIMS	-	=		X 43=	\$	X 86=	\$
() FIRST MULTIPLE DEPENDENT CLAIM				+ 145 =	\$	+ 290 =	\$
TOTAL				\$		\$	

- [] A check in the amount of \$ _____ is enclosed. Itemization:
- | | |
|----------------|----------|
| Fee Code _____ | \$ _____ |
| Fee Code _____ | \$ _____ |
| Fee Code _____ | \$ _____ |
- [] Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.
- [XX] Other: ONE (1) MERRIAM-WEBSTER ONLINE DICTIONARY PAGE, AND PETITION UNDER 37 CFR § 1.181 TO WITHDRAW FINALITY OF OFFICE ACTION.
- [XX] Return Receipt Postcard (MPEP 503).
- [XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By:


David M. Crompton, Reg. No. 36,772

David M. Crompton
CROMPTON, SEAGER & TUFTE, LLC
1221 Nicollet Avenue, Suite 800
Minneapolis, MN 55403-2420
Telephone: (612) 677-9050
Facsimile: (612) 359-9349